

**BOARD APPLICATION FORM
RAVALLI COUNTY, MONTANA**

DISCLOSURE: ANY INFORMATION ON THIS APPLICATION IS AVAILABLE FOR PUBLIC VIEW

Name _____ Home Phone _____

Address _____ Work/Cell Phone _____

City _____ State _____ Zip _____

Email Address: _____

Business or Occupation: _____

Board of Committee applied for: _____

- Please describe your experience or background which you believe qualifies you for service on this Board or Committee (attach additional sheets if needed):

- Why do you wish to serve on this Board or Committee?

- Additional information which you feel is pertinent:

Signature _____ Date _____

Return application to: **Ravalli County Board of Commissioners** **Date Received:** _____
215 South 4th Street, Suite A
Hamilton, MT 59840

OFFICE USE ONLY:		
APPOINTED:	YES _____ NO _____	DATE _____
TERM EXPIRATION DATE: _____		
(CIRCLE ONE BELOW)		
ORIGINAL APPOINTMENT	RE-APPOINTMENT	TERM NO. _____